

HAP MINOR BASEBALL

CITY OF BURBANK – PARK, RECREATION AND COMMUNITY SERVICES DEPARTMENT SPORTS OFFICE
1111 W. Olive Ave., Burbank, CA 91506 (818) 238-5330

TEAM: _____ DIVISION: _____ SPONSOR: _____

MANAGER: _____ ADDRESS: _____ HOME PHONE: _____ WORK PHONE: _____

IMPORTANT NOTICE TO ALL PLAYERS AND PARENTS/ LEGAL GUARDIANS: Please be aware that your signature on this roster shall constitute your acknowledgment of the inherent risks and hazards of participatory athletics and your express agreement to assume **all** risks, known and unknown, associated with such activity; and thereby shall also constitute your waiver and release of **any and all claims** against the City of Burbank attributable either to negligence, the existence of any field condition(s) alleged to be dangerous as a matter of law, or to any other unspecified breach of alleged duty owed by the City of Burbank (SEE ADDITIONAL LANGUAGE ON REVERSE SIDE OF THIS FORM).

- 1. Each player must sign by his own name. Falsified information shall result in a forfeiture of games.
 - 2. A player may play for only **one** team per sport in the City of Burbank’s B.A.F. program.
 - 3. All players must attend school or reside in Burbank. PENALTY for ineligible players: FORFEITURE.
 - 4. Team grouping is determined by the highest grade represented by any player on the team.
 - 5. No Hap Minor/Ponytail team may have more than 8 players total who participated in the Parochial League this past season.
 - 6. A parent or guardian **must** sign the roster by his/her child’s name. Failure to sign will forfeit player’s participation.
- PLEASE MARK PITCHERS WITH A “P” BY NAME.**

Pitcher	Player’s Name (PRINT)	Player’s Signature	Address	Zip	Hm. Phone	Birthdate	Grade/School	Parochial League this past season (yes or no)	Parent/Guardian Signature
_____	1. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	2. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	3. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	4. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	5. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	6. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	7. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	8. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	9. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	10. _____	_____	_____	_____	_____	_____	_____	_____	_____
	Name	Signature	Address	Zip	Hm. Phone	Wk. Phone			
Coach	_____	_____	_____	_____	_____	_____			
Coach	_____	_____	_____	_____	_____	_____			
Coach	_____	_____	_____	_____	_____	_____			

I certify that the information on this roster is correct and accurate: _____
Manager’s Signature

PLEASE MARK PITCHERS WITH A “P” BY NAME.

Pitcher	Player’s Name (PRINT)	Player’s Signature	Address	Zip	Hm. Phone	Birthdate	Grade/School	Parochial League this past season (yes or no)	Parent/Guardian Signature
_____	11. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	12. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	13. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	14. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	15. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	16. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	17. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	18. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	19. _____	_____	_____	_____	_____	_____	_____	_____	_____
_____	20. _____	_____	_____	_____	_____	_____	_____	_____	_____

BAT HANDLER

HOLD HARMLESS AND ASSUMPTION OF THE RISK AGREEMENT FOR PARTICIPATION IN SPORTS PROGRAM

For and in consideration of participation in the City of Burbank’s Parks, Recreation and Community Services Department Sports Program, I (parent/guardian) hereby voluntarily release, discharge, waive and relinquish any and all actions or causes or action for personal injury, property damage or wrongful death against the City of Burbank or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of any of said persons, or otherwise, occurring to my child as a result of participating in the Sports Program or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF BURBANK, ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I am fully aware of the inherent risks and hazards of participatory athletics. I understand that serious accidents occasionally occur during participation in sports programs and that participants in sports programs can suffer serious injury. I realize that NO MEDICAL INSURANCE IS PROVIDED BY THE CITY OF BURBANK FOR ANY INJURIES THAT MAY OCCUR TO MY CHILD DURING PARTICIPATION IN THE SPORTS PROGRAM. Nevertheless, I hereby elect to voluntarily allow my child to participate in the Sports Program and assume **all** risk of loss, known and unknown damage, or injury that may be sustained by my child during participation in the Sports Program or any activities incidental thereto.

I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Burbank, or any of its officers, agents, servants or employees, I shall indemnify and save harmless the City of Burbank and any of its officers, agents or employees for **any and all claims** against the City of Burbank attributed either to negligence the existence of any field condition(s) alleged to be dangerous as a matter of law, or to any other unspecified breach of alleged duty owed by the City of Burbank.

I understand that this hold harmless and assumption of the risk agreement shall apply not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATION IN THE SPORTS PROGRAM AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

By my signature, this parent/guardian acknowledges and agrees to the above.